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S-1985
PTOJC 09/03/05 71 U.S. 516/01
PTO

UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 C.F.R. § 1.33(b)

Attorney Docket No.		NIAD-213.1
First Inventor or Application Identifier		JACOBSON
Title	METHOD FOR IDENTIFYING REGULATORS OF PROTEIN-ADVANCED GLYCATION END PRODUCT (AGE) FORMATION	
Express Mail Label No.		EL649533752US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification
(preferred arrangement set forth below)

Total Pages

28

- Descriptive title of the Invention
- Cross References to Related Applications
- Reference of Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description

3. Drawing(s) (35 U.S.C. 113)

Total Sheets

19

4. Oath or Declaration

Total Pages

3

 Newly executed (original or copy) Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)i. **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)

5. Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

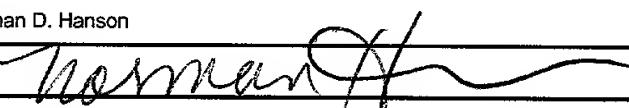
of prior application No:

Prior application information:

Examiner:

Group / Art Unit:

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or bar code label (Insert Customer No. or Attach bar code label here)		or	<input checked="" type="checkbox"/> Correspondence address below
Name	Fulbright & Jaworski LLP		
Address	666 Fifth Avenue		
City	New York	State	New York
Country	USA	Telephone	212-318-3000
Name (Print/Type)	Norman D. Hanson		Registration No. (Attorney/Agent)
Signature			Date
			April 16, 2001

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-213.1

FEE CALCULATION

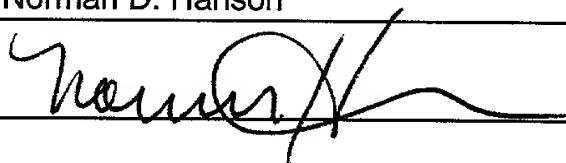
(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	11 - 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	2- 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	□	N/A	\$260/130.00	—
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$_____

A check for \$355.00 is enclosed to cover the cost of the Application filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: April 16, 2001
		Deposit Account No. 50-0624